

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

ADOLBEN Y. MONTESCLAROS, M.D.

Holder of License No. 17681
For the Practice of Allopathic Medicine
In the State of Arizona

Case No. MD-11-0325A

**FINDINGS OF FACT, CONCLUSIONS
OF LAW AND ORDER**

(Letter of Reprimand)

The Arizona Medical Board ("Board") considered this matter at its public meeting on October 5, 2011. Adolben Y. Montesclaros, M.D. ("Respondent") appeared before the Board for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 17681 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-11-0325A after receiving notification of a malpractice settlement involving Respondent's care and treatment of a 44 year-old female patient ("LR") alleging that there was a delay in the diagnosis and treatment of mesenteric volvulus resulting in the loss of the small bowel.

4. On October 2, 2008, LR presented to the emergency department for evaluation of epigastric abdominal pain. LR's medical history included breast cancer and gastric bypass surgery. The triage assessment noted that LR was alert and oriented, and that she was pale and clammy.

1 5. Respondent evaluated LR and documented a review of the nursing
2 assessment and vitals that included a temperature of 96.9, heart rate of 138, respiratory
3 rate of 22, blood pressure of 174/95 and oxygen saturation of 100%. Respondent noted
4 that LR was alert and in severe distress. Her abdomen was noted to be soft with normal
5 bowel sounds, epigastric tenderness, no organomegaly, and no guarding or rebound.

6 6. LR's medical treatment included IV Zofran, Morphine, Maalox, and Protonix.
7 Upon nursing reassessment at an hour after presentation, RL's pain rating had not
8 changed, and was noted to be 10/10 in severity. Two hours later, her pain was noted to
9 be 5/10. A possible right lung nodule was noted on chest radiograph with no free air
10 identified. An abdominal radiograph showed moderate amount of feces and no definite
11 free air.

12 7. Respondent reassessed LR four hours after her presentation to the
13 emergency department, and noted that she had improved. There was no clear repeat
14 examination documented, but there was a written note that is illegible. The nursing notes
15 were reviewed at discharge and LR was reportedly counseled regarding diagnostic results,
16 diagnosis, and the need for follow-up. A prescription for Donnatal was provided as well.
17 LR's discharge diagnoses were acute abdominal pain, acute gastritis, and right breast
18 cancer.

19 8. Ten hours later, LR returned to the emergency department with abdominal
20 pain, vomiting and syncope, and she was found to be hypotensive. A CT scan of the
21 pelvis and abdomen demonstrated dilated bowel with concern for mid-gut volvulus and
22 bowel ischemia. LR was transferred to Tucson Medical Center where she underwent a
23 laparotomy with total enterectomy. She responded well status post enterectomy, was
24 extubated, received TPN and was transferred to Kindred Hospital for rehabilitation.

9. The Medical Consultant (MC) retained by the Board to review this case opined that Respondent failed to recognize LR's critical state and hemodynamic instability. The MC found that the resuscitation of LR was inadequate, and that Respondent failed to order critical diagnostics. Additionally, the MC found that there was a clear delay in recognition of a potentially life threatening disease. Had there been an earlier diagnosis and more thorough resuscitation, LR may have suffered less morbidity.

10. The standard of care for a patient status post gastric bypass that presents complaining of abdominal pain with hemodynamic instability requires a physician to order a surgical consultation and admission for the patient's persistent pain.

11. Respondent deviated from the standard of care by failing to order a surgical consultation and admission for LR's persistent pain and hemodynamic instability.

12. The standard of care for a patient with hemodynamic instability requires a physician to recognize the hemodynamic instability and to perform aggressive medical resuscitation.

13. Respondent deviated from the standard of care by failing to recognize LR's hemodynamic instability, and by performing inadequate resuscitation.

14. Respondent's deviations from the standards of care led to a protracted hospital course for LR requiring multiple abdominal surgeries with total enterectomy. LR also had a potentially life-threatening disease present.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401 (27)(e) ("[f]ailing or refusing to maintain adequate records on a patient.")

ORDER

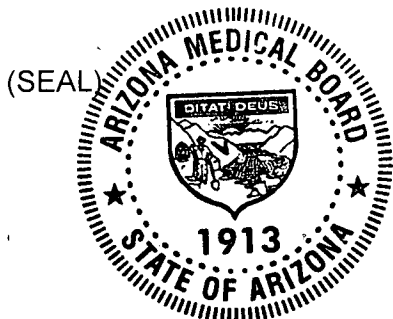
IT IS HEREBY ORDERED THAT Respondent is issued a Letter of Reprimand.

RIGHT TO PETITION FOR REHEARING OR REVIEW


Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED AND EFFECTIVE this 4th day of December, 2011.



ARIZONA MEDICAL BOARD


By 
Lisa S. Wynn
Executive Director

EXECUTED COPY of the foregoing mailed
this 14th day of December, 2011 to:

1 Adolben Y. Montesclaros
2 Address of Record

3 ORIGINAL of the foregoing filed
4 this 17th day of April, 2011 with:

5 Arizona Medical Board
6 9545 E. Doubletree Ranch Road
7 Scottsdale, AZ 85258

8 
Arizona Medical Board Staff